

## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: **Mail** Mail Stop ISSUE FEE  
**Commissioner for Patents**  
**P.O. Box 1450**  
**Alexandria, Virginia 22313-1450**  
**or Fax** (571)-273-2885

**INSTRUCTIONS:** This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)

000110 7590 03/31/2006  
**DANN, DORFMAN, HERRELL & SKILLMAN**  
1601 MARKET STREET  
SUITE 2400  
PHILADELPHIA, PA 19103-2307  
06/14/2006 EHAILE2 00000006 10667745

01 FC:2501 700.00 OP  
02 FC:1504 300.00 OP  
03 FC:0001 30.00 OP

|                 |             |                      |                              |                  |
|-----------------|-------------|----------------------|------------------------------|------------------|
| APPLICATION NO. | FILING DATE | FIRST NAMED INVENTOR | ATTORNEY DOCKET NO.          | CONFIRMATION NO. |
| 10/667,745      | 09/22/2003  | Raymond L. Sharrah   | P02973US1<br>(220-STREAMLIGH | 1886             |



Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.

### Certificate of Mailing or Transmission

I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.

|                          |                    |
|--------------------------|--------------------|
| CLEMENT A. BERARD        | (Depositor's name) |
| <i>Clement A. Berard</i> | (Signature)        |
| June 6, 2006             |                    |
| (Date)                   |                    |

TITLE OF INVENTION: SOLID STATE LIGHT SOURCE, AS FOR A FLASHLIGHT

| APPLN. TYPE    | SMALL ENTITY | ISSUE FEE | PUBLICATION FEE | TOTAL FEE(S) DUE | DATE DUE   |
|----------------|--------------|-----------|-----------------|------------------|------------|
| nonprovisional | YES          | \$700     | \$300           | \$1000           | 06/30/2006 |

| EXAMINER        | ART UNIT | CLASS-SUBCLASS |
|-----------------|----------|----------------|
| LEE, Y MY QUACH | 2875     | 362-202000     |

|  |  |  |
|--|--|--|
| 1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). <input type="checkbox"/> Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. <input checked="" type="checkbox"/> "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. | 2. For printing on the patent front page, list <ul style="list-style-type: none"> <li>(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,</li> <li>(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.</li> </ul> | DANN, DORFMAN, HERRELL &<br>SKILLMAN, P.C. |
|  |  | 2 _____                                    |

**3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)**

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Streamlight, Inc.

Eagleville, Pennsylvania

Please check the appropriate assignee category or categories (will not be printed on the patent):  Individual  Corporation or other private group entity  Government

**4a. The following fee(s) are enclosed:**

- Issue Fee
- Publication Fee (No small entity discount permitted)
- Advance Order - # of Copies 10

**4b. Payment of Fee(s):**

- A check in the amount of the fee(s) is enclosed.
- Payment by credit card. Form PTO-2038 is attached.
- The Director is hereby authorized to charge the required fee(s), or credit any overpayment, to Deposit Account Number 04-1406 (enclose an extra copy of this form).

**5. Change in Entity Status (from status indicated above)**

- a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.
- b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above. NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

Authorized Signature

Date June 6, 2006

Typed or printed name CLEMENT A. BERARD

Registration No. 29,613

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

# DANN, DORFMAN, HERRELL AND SKILLMAN

A PROFESSIONAL CORPORATION

1601 MARKET STREET · SUITE 2400 · PHILADELPHIA, PA · 19103-2307  
PHONE (215) 563-4100 · FAX (215) 563-4044



June 6, 2006

Last Name of First Named Inventor:  
**Raymond L. SHARRAH ET AL**

**MAIL STOP ISSUE FEE**

Application No.: 10/667,745

**Allowed:** March 31, 2006

Attorney Docket No.:  
P02973US1 (220-Streamlight)

**Art Unit:** 2875

Filed: September 22, 2003

**Confirmation No.:** 1886

For: Solid State Light Source, As For A  
Flashlight

**Examiner:** Lee Y My Quach

TO THE COMMISSIONER FOR PATENTS:

## SUBMISSION OF ISSUE FEE

The above-identified application has been allowed. In response to the Notice of Allowability dated March 31, 2006, enclosed are the following:

1. A copy of form PTOL-85 with authorization to charge Deposit Account No. 04-1406.
2. Check in the amount of \$1030, which includes the issue fee, the publication fee and the cost of ten (10) advance copies.

Respectfully submitted,

DANN, DORFMAN, HERRELL AND SKILLMAN  
A Professional Corporation  
Attorneys for Applicants

By

  
Clement A. Berard  
PTO Registration No. 29,613

# FEE TRANSMITTAL



|   |         |
|---|---------|
| <i>Complete if known</i>                            |         |
| Application Number: 10/667,745                      |         |
| Filing Date: September 22, 2003                     |         |
| First Named Inventor: Raymond L. SHARRAH ET AL      |         |
| Group Art Unit: 2875                                |         |
| Examiner Name: Lee Y My Quach                       |         |
| Total Amt. of Payment: (1)+(2)+(3)=                 | \$1,030 |
| Attorney Docket Number: P02973US1 (220-Streamlight) |         |

| <b>METHOD OF PAYMENT (check one)</b>   |             | <b>Fee Calculation (continued)</b>   |            |                        |             |                    |            |                   |       |                  |          |                    |       |                        |          |  |  |  |  |
|--|-------------|--|------------|------------------------|-------------|--------------------|------------|-------------------|-------|------------------|----------|--------------------|-------|------------------------|----------|--|--|--|--|
| 1. The Commissioner is hereby authorized to:<br><input type="checkbox"/> Charge indicated fees<br><input checked="" type="checkbox"/> Charge additional fees<br><input checked="" type="checkbox"/> Credit overpayments<br>to the account of DANN, DORFMAN, HERRELL & SKILLMAN<br>Deposit Account Number <u>04-1406</u>  |             | <b>ADDITIONAL FEES</b><br><b>Fee Description</b> <b>Fee Paid</b><br>Surcharge-late filing fee or oath _____<br>Surcharge - late provisional filing fee or cover sheet _____<br>Extension for response within first month _____<br>Extension for response within second month _____<br>Extension for response within third month _____<br>Extension for response within fourth month _____<br>Notice of Appeal _____<br>Filing a brief in support of an appeal _____<br>Request for oral hearing _____<br>Petition to revive unavoidably abandoned application _____<br>Petition to revive unintentionally abandoned application _____<br>Issue fee <u>700</u><br>Petitions to the Commissioner _____<br>Petitions related to provisional applications _____<br>Submission of Information Disclosure Stmt. _____<br>Recording each patent assignment per property _____<br>Other fee (specify) <u>Advance Order (10 copies)</u> <u>30</u><br>Other fee (specify) <u>Publication Fee</u> <u>300</u><br><b>SUBTOTAL (1)</b> <u>\$0</u> <b>SUBTOTAL (3)</b> <u>\$1,030</u> |            |                        |             |                    |            |                   |       |                  |          |                    |       |                        |          |  |  |  |  |
| <b>FEE CALCULATION</b><br>1. <b>FILING FEE</b><br><table> <thead> <tr> <th><b>Fee Description</b></th> <th><b>Fee</b></th> </tr> </thead> <tbody> <tr> <td>Utility filing fee</td> <td>_____</td> </tr> <tr> <td>Design filing fee</td> <td>_____</td> </tr> <tr> <td>Plant filing fee</td> <td>_____</td> </tr> <tr> <td>Reissue filing fee</td> <td>_____</td> </tr> <tr> <td>Provisional filing fee</td> <td>_____</td> </tr> </tbody> </table><br><b>SUBTOTAL (1)</b> <u>\$0</u> |             |  |            | <b>Fee Description</b> | <b>Fee</b>  | Utility filing fee | _____      | Design filing fee | _____ | Plant filing fee | _____    | Reissue filing fee | _____ | Provisional filing fee | _____    |  |  |  |  |
| <b>Fee Description</b>   | <b>Fee</b>  |  |            |                        |             |                    |            |                   |       |                  |          |                    |       |                        |          |  |  |  |  |
| Utility filing fee   | _____       |  |            |                        |             |                    |            |                   |       |                  |          |                    |       |                        |          |  |  |  |  |
| Design filing fee  | _____       |  |            |                        |             |                    |            |                   |       |                  |          |                    |       |                        |          |  |  |  |  |
| Plant filing fee   | _____       |  |            |                        |             |                    |            |                   |       |                  |          |                    |       |                        |          |  |  |  |  |
| Reissue filing fee   | _____       |  |            |                        |             |                    |            |                   |       |                  |          |                    |       |                        |          |  |  |  |  |
| Provisional filing fee   | _____       |  |            |                        |             |                    |            |                   |       |                  |          |                    |       |                        |          |  |  |  |  |
| 2. <b>Claims</b><br><table> <thead> <tr> <th></th> <th><b>Paid</b></th> <th><b>Extra</b></th> <th><b>Fee</b></th> </tr> </thead> <tbody> <tr> <td>Total Claims</td> <td></td> <td>=</td> <td><u>0</u></td> </tr> <tr> <td>Independent Claims</td> <td>x</td> <td>=</td> <td><u>0</u></td> </tr> <tr> <td>Multiple Dependent<br/>(First presentation)</td> <td></td> <td></td> <td></td> </tr> </tbody> </table><br><b>SUBTOTAL (2)</b> _____   |             |  |            |                        | <b>Paid</b> | <b>Extra</b>       | <b>Fee</b> | Total Claims      |       | =                | <u>0</u> | Independent Claims | x     | =                      | <u>0</u> | Multiple Dependent<br>(First presentation) |  |  |  |
|  | <b>Paid</b> | <b>Extra</b>   | <b>Fee</b> |                        |             |                    |            |                   |       |                  |          |                    |       |                        |          |  |  |  |  |
| Total Claims   |             | =  | <u>0</u>   |                        |             |                    |            |                   |       |                  |          |                    |       |                        |          |  |  |  |  |
| Independent Claims   | x           | =  | <u>0</u>   |                        |             |                    |            |                   |       |                  |          |                    |       |                        |          |  |  |  |  |
| Multiple Dependent<br>(First presentation)   |             |  |            |                        |             |                    |            |                   |       |                  |          |                    |       |                        |          |  |  |  |  |

Submitted By:

Typed or

Printed Name Clement A. Berard Reg. Number 29,613

Signature Clement A. Berard Date June 6, 2006 Deposit Account User ID

04-1406